Permit #	



City of Carmel/Clay Township APPLICATION FOR ELECTRICAL INSPECTION

CONTRACTOR	NAME	PHONE	FAX	FAX	
CONTRACTOR INFORMATION:	Street Address	City	State	Zip	
APPLICANT	NAME	CONTACT	PHONE:		
INFORMATION:	Property Owner (or agent)	OR Repres	ctor sentative		
TYPE of WORK:	RESIDENTIAL:	COMMERCIAL:			
PROPERTY OWNER NAME(S): PHONE: PROPERTY					
OWNER INFORMATION:	STREET ADDRESS:	City	State	Zip	
INSPECTION	STREET ADDRESS (INSPECTION LOCATION):	City	State	Zip	
INFORMATION:	DATE OF INSPECTION:	TIME (TIME OF INSPECTION:		
TYPE OF IMPROVEMENT: Number of NEW CIRCUITS:					
☐ UPGRADE SEF	UPGRADE SERVICE: From to Number of METERS:				
☐ UPGRADE PANEL BOARD(S)					
☐ ADDITION, ALTERATION, REMODEL, or REPAIR TO AN EXISTING ELECTRICAL DISTRIBUION SYSTEM					
Subdivision st	SERVICE (i.e. Fountain in pond; treet or signage lighting; Installation of rvices for an area)		I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE AND ACCURATE.		
☐ ROW SIGNAL, SENSOR, MONITOR (i.e. Traffic Light)		Signature			
☐ CONNECTION or RECONNECTION TO A RELOCATED STRUCTURE		PRINT		DATE	
COMMENTS or FURTHER LOCATION CLARIFICATION: (Please attach map of inspection location)					

FEES: \$ 119.00 for Commercial Inspections; \$ 65.50 for Residential Inspections